STATE PERSONNEL BOARD OFFICE OF TRAINING

Training Registration Form

Administrative Support Certification Program, Basic Supervisory Course Program, & Certified Public Manager Program

Check One : (Note: Please check only one certification program per registration form.)			FOR SPB USE ONLY	
Administrative Support Certification Program (ASCP) Level I Level III				
Basic Supervisory Course Program (BSC)				
Certificate in Supervisory Management (CSM) Level I Level II Level III				
Certified Public Manager (CPM) Level IV Level VI				
CSM/CPM Reactivation (Activity must accompany reactivation application.)				
PREFERRED SESSION DATES				
FIRST CHOICE: (Note: For BSC indicate session number) SECOND CHOICE: (Note: For BSC indicate session number)				
PARTICIPANT INFORMATION				
Dr. /Mr. /Ms. /Mrs. Last Name:	First I	Name:	Middle Initial:	
Name Preferred on Name Card:				
Social Security Number:		Home Telephone Number:		
Home Address:		Zip Code:		
T.		INFORMA	TION	
Name of Agency:		Division or Facility (If applicable):		
Work Address: Zip Code:			Email Address:	
Job Title:	Work Number:		Fax Number:	
Are you a Supervisor? Yes No Years in Government:			Years in Current Job:	
The following information is collectinformation.	ted to compile statistical	reports. You A	RE NOT legally obligated to provide this	
Racial/Ethnic White Black Group: Oriental Other	White Black Oriental Other		Male Female	
Education Some College	Diploma or GED Vo-Tech School Some College College Degree Graduate Courses Graduate Degree		Interpreter Wheelchair Entrance Braille Other	

BILLING INFORMATION Agency/Organization/Division:			
Address:	Zip Code:		
SAAS Agency Number:	Fund Code:		
	in the Office of Training two weeks prior to your scheduled class or your appropriate session, you must give your agency coordinator at least two ion.		
APPRO	OVAL SIGNATURES		
Applicant Signature:	Date:		
Supervisor Approval:	Date:		
Organization Approval/Certifying Official:	Date:		
Organization Training Coordinator:	Date:		
• •	ining is committed to the principle of affirmative action and shall not		

The Mississippi State Personnel Board Office of Training is committed to the principle of affirmative action and shall not discriminate against otherwise qualified persons on the basis of race, color, religion, sex, age, national origin, disability, or veteran's status in its admission, facility and program accessibility or services.

MAIL/HANDMAIL ADDRESS: State Personnel Board Office of Training

Robert G. Clark, Jr. Building 301 North Lamar Street, Suite 203

Jackson, MS 39201

FAX NUMBER: (601) 957-7760

Please refer to the State Personnel Board website at <u>www.spb.state.ms.us</u> for more information.

Administrative Support Certification Program

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Basic Supervisory Course Program

Dianne Macon, CPM (601) 957-8724 – BSC Program Coordinator dmacon@spb.state.ms.us

Certified Public Manager Program

Jennifer Parker Sledge, CPM (601) 957-1419 – CPM Program Director <u>jparker@spb.state.ms.us</u>

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